

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-018672

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

317

Primary Registration District No.

541

Registrar's No.

1355

STATE FILE NUMBER

FILED MAY 3 1963

## 1. PLACE OF DEATH

a. COUNTY

St. Louis.

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Clayton, Mo.

Length of stay in 1b

DAYS

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

St. Louis County Hospital

Inside Limits

No ☒ Yes ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY St. Louis.

c. CITY

OR TOWN

Maryland Heights.

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

11113 Mars Lane

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

Bertie

First

Middle

Last

Florence

Sutberry

## 4. DATE OF DEATH

Month

Day

Year

4

22

63

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

4/30/1897

## 9. AGE (last birthday)

65

## IF UNDER 1 YEAR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Practical Nurse

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

Tennessee

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Ed. Cooper

## 13b. MOTHER'S MAIDEN NAME

Ada

## 14. NAME OF HUSBAND OR WIFE

Ben

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates)

No.

Nil.

## 16. SOCIAL SECURITY NO.

0

## 17. INFORMANT

Address

Joyce Lakas, 11113 Mars Lane

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

## DUE TO (b)

## DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

Uremia  
Chronic Pyelonephritis  
Maryland Heights, Mo.

## INTERVAL BETWEEN ONSET AND DEATH

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 4-7-63 to 4-22-63 and last saw her alive on 4-22-63  
Death occurred at 5:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

L. A. Heinemann M.D.

## 22b. ADDRESS

6015 S. Brentwood Clayton Mo.

## 22c. DATE SIGNED

4-22-63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

4-25-63

## 23c. NAME OF CEMETERY OR CREMATORY

St. Anns Cemetery

## 23d. LOCATION (City, town, or county)

Normandy, Mo.

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Albert H. Hoppe Inc., 4700 Washington, Blvd.

## 25. DATE RECD. BY LOCAL REG.

4-23-63

## 26. REGISTRAR'S SIGNATURE

John B. Mumfry M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Melvin D. Kemper*

Licensed Embalmer No.

*4052*

P. O. Address

*St Louis Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.